



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for Kentucky, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
<b>Cleanings</b>	X			2 x year	Limited to children through age 20
<b>Fluoride treatments (including fluoride varnishes)</b>	X			2 x year	Limited to children through age 20
<b>Sealants (list any tooth-specific limits)</b>	X			1 x every 4 years	Limited to children ages 5 through 20 & for 6 & 12 year molars only
<b>Space maintainers</b>	X				Limited to children through age 20



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### Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
<b>Dental examinations</b>						
	X			2 x year	Limited to children through age 20	
<b>X-Rays</b>						
Bitewing	X				Up to 4 in a 12 month period	
Full Mouth	X				One in 24 month period per member per provider	
Panoramic	X				One in 24 month period per member per provider	



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### Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				Available for all ages	
Tooth colored composite	X				Available for all ages	
Crowns/tooth caps						
Stainless steel crowns	X				Limited to children through age 20	
Metal (only) crowns		X			Prior authorized through EPSDT and for children through age 20	
Metal/porcelain crowns		X			Prior authorized through EPSDT and for children through age 20	
Porcelain (only) crowns		X			Prior authorized through EPSDT and for children through age 20	
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)		X			Prior authorized through EPSDT and for children through age 20	
Root canals on permanent teeth	X				Limited to children through age 20	



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
<b>Gum (periodontal) therapy</b>						
			X			
<b>Dentures</b>						
Partial dentures	X				Prior authorized through EPSDT and for children through age 20	
Complete dentures	X				Prior authorized through EPSDT and for children through age 20	
Bridges		X			Prior authorized through EPSDT and for children through age 20	
<b>Orthodontics*</b>						
Retainers (orthodontic)		X			Prior authorized through EPSDT and for children through age 20	



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Braces		X			Prior Authorized for Medicaid Members through age 20	Criteria for Braces is listed in the Dental Services Regulation, 907 KAR 1:026, which can be found on KY Medicaid's website, <a href="http://www.chfs.ky.gov/dms">www.chfs.ky.gov/dms</a> .
<b>Oral surgery</b>						
Simple extractions	X				Covered for All Ages	
Surgical extractions	X				Covered for All Ages	
Care of abscesses	X				Covered for All Ages	
Cleft palate treatment			X			
Cancer treatment			X			
Treatment of fractures			X			
Biopsies	X				D7410 - covered for all ages	



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	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Treatment of jaw joint problems (TMJ)						
		X			Covered for children through age 20	
Emergency room services provided by a dentist						
			X			
Inpatient Hospital Services						
			X			
Anesthesia						
General anesthesia			X			
Intravenous conscious sedation	X				D9241 for children through age 20	
Non-intravenous conscious sedation			X			
Analgesia (nitrous oxide)		X			Prior Authorized through EPSDT for children age through 20	

\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).